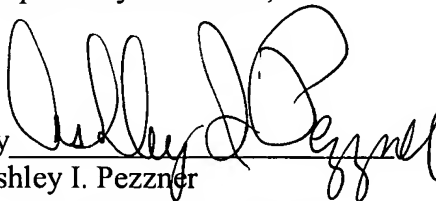


**REMARKS**

The applicant has rewritten the claims into proper U.S. form. The application contains 1 independent claim and 28 total claims. The applicant authorizes the PTO to charge our Deposit Account No. 03-2775, under Order No. 05581-00145-US the fee of \$400.00 for the extra dependent claims.

Applicant believes no additional fee is due with this response. However, if a fee is due, please charge our Deposit Account No. 03-2775, under Order No. 05581-00145-US from which the undersigned is authorized to draw.

Respectfully submitted,

  
By \_\_\_\_\_  
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